MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024865
STATE FILE NUMBER

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5991

FILED JUL 2 1962

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY:
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): ST. LOUIS, MISSOURI — Length of stay in 1b: 6 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Louis
c. CITY OR TOWN: Fenton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 224 Larkin Williams Rd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CURT — Middle: JARAND — Last: LEHMANN

4. DATE OF DEATH: Month: JUNE — Day: 14 — Year: 1962

5. SEX: Male — **6. COLOR OR RACE**: White — **7.** Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ — **8. DATE OF BIRTH**: 9-5-1897 — **9. AGE** (last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Alfred O. H. Lehmann
13b. MOTHER'S MAIDEN NAME: Dora Jarand
14. NAME OF HUSBAND OR WIFE: Josephine Lehmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Josephine Lehmann, — Address: above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line fo
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): DISSEMINATED CARCINOMATOSIS, PRIMARY LUNG — INTERVAL BETWEEN ONSET AND DEATH: 4 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 162.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from MARCH 4, 1962, to JUNE 14, 1962 and last saw her/him alive on JUNE 14, 1962
Death occurred at 9:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 6/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-18-1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR — ADDRESS: JAY B. SMITH, Maplewood, Mo.
25. DATE RECD. BY LOCAL REG.: JUN 18 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed H. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.